

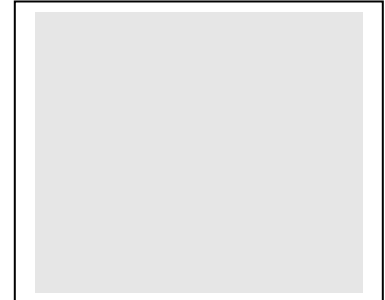
OFFICE OF INTERDEPARTMENTAL REGULATION

REQUEST FOR CRIMINAL BACKGROUND INVESTIGATION  
FOR EMPLOYEES, VOLUNTEERS AND SERVICE PROVIDERS  
AFFILIATED WITH CHILDREN'S RESIDENTIAL FACILITIES

MAIL REQUEST FORM, 1 FINGERPRINT CARD AND FEE TO:

DATE RECEIVED IN BACKGROUND UNIT

OFFICE OF INTERDEPARTMENTAL REGULATION  
BACKGROUND INVESTIGATIONS  
7 North Eighth Street, 3<sup>rd</sup> Floor  
RICHMOND, VA 23219



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WEB PAGE: <http://www.interdepartmentalregs.state.va.us>

PERSONAL DATA:

1. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LIST ALL OTHER NAMES CURRENTLY OR PREVIOUSLY USED (MAIDEN/ FORMER MARRIED/RELIGIOUS, ETC.):  
(ANY NAMES LISTED BELOW SHOULD ALSO BE SHOWN IN THE ALIASES SECTION OF THE FINGERPRINT CARDS)

2. SOCIAL SECURITY #: \_\_\_\_\_ 3. DATE OF BIRTH: \_\_\_\_\_ 4. GENDER: \_\_\_\_\_ 5. RACE: \_\_\_\_\_ 6. STATUS: (Circle One)  
\_\_\_\_\_ Applicant Volunteer



**DO NOT ENTER ANY INFORMATION IN THIS BLOCK UNLESS YOUR FACILITY IS REGULATED BY THE DEPT. OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES.**

7. **PAID** DIRECT CARE EMPLOYEE: (Circle One) Yes No **If yes, please answer question 8.**

8. DIRECT CARE EMPLOYEE **APPLICATION DATE** FOR EMPLOYMENT: \_\_\_\_\_

FACILITY DATA:

1. FACILITY NAME/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. a. REGULATORY AGENCY: (Circle Applicable One(s))  
Social Services Education Mental Health  
b. FACILITY ID NUMBER: \_\_\_\_\_  
\_\_\_\_\_  
3. FACILITY CONTACT PERSON: \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Print Facility Representative's Name & Title \_\_\_\_\_  
4. TELEPHONE NUMBER: \_\_\_\_\_ 5. DATE OF REQUEST: \_\_\_\_\_